

DEC 22 1941 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frederick Surridge

3. (b) If veteran, name war none
3. (c) Social Security No. 494-09-5756

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Surridge
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased September 26 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 6
If less than one day hr. min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation Dist. Rep. Grant Wilson Inc.

11. Industry or business Asbestos INSULATION

MOTHER FATHER { 12. Name Richard Surridge
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Frances Payne
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant A B De Camp
(b) Address Houston Texas

17. (a) Burial (b) Date thereof 11/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St. St. Louis, Mo.

19. (a) NOV 4 1941 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4932 Forest Park Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 2 day XIV year 1941 hour 8:10 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 1940 to Nov. 2 1941
that I last saw him alive on Nov 2 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocard. Inf. - Chronic
Due to Pericard. Inf. + Hepatitis
Fall Blower + Hepatitis
Due to No Stones - Chronic Hepatitis

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Chr. infection Fall
Bladder - Hypertrophy with Carcinoma
Of autopsy 1246

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature J. W. Henderlite (M. D. or other) MD
Address 4500 Olive Date signed 11-3-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Nevelle B. Hotewiller

Licensed Embalmer No. 3696

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.